

**Managed Risk Medical Insurance Board
June 20, 2012, Public Session**

Board Members Present: Clifford Allenby, Chairperson
Richard Figueroa
Samuel Garrison
Ellen Wu

Ex Officio Members Present: Mike Wilkening, Designee for the Secretary of the
Health and Human Services Agency
Maureen McKennan, Designee for the Secretary of
the Business, Transportation & Housing Agency

Staff Present: Janette Casillas, Executive Director
Terresa Krum, Chief Deputy Director
Ernesto Sanchez, Deputy Director, Eligibility,
Enrollment & Marketing
Jeanie Esajian, Deputy Director, Legislative &
External Affairs
Ellen Badley, Deputy Director, Benefits & Quality
Monitoring
Tony Lee, Deputy Director, Administration
Laura Rosenthal, Chief Counsel, Legal
Seth Brunner, Senior Staff Counsel, Legal
Lance Davis, Senior Staff Counsel, Legal
Laurie Herrera, Manager, Administration
Loressa Hon, Manager, Administration
Eric Nguyen, Systems Software Specialist I,
Administration
Larry Lucero, Manager, Eligibility,
Enrollment & Marketing
Sara Soto-Taylor, Assistant Deputy Director,
Enrollment & Marketing
Willie Walton, Manager, Eligibility,
Enrollment & Marketing
Michael Horne, Staff Services Analyst, Eligibility,
Enrollment & Marketing
Jarrett Davis, Staff Services Analyst, Eligibility,
Enrollment & Marketing
John Maradik-Symkowick, Legislative
Coordinator, Legislative & External Affairs
Maria Angel, Executive Assistant to the Board
and the Executive Director
Heidi Holt, Board Assistant

Public: Elizabeth Abbott, Director of Administrative Advocacy
HealthAccess
Terri Shaw, Project Director. Enroll UX 2014
Hellan Roth Dowden, Project Manager, Teachers for
Healthy Kids

Chairman Allenby called the meeting to order at 10:03 a.m. The Board went into Executive Session and resumed public session at 10:59 a.m.

REVIEW AND APPROVAL OF MINUTES OF MAY 9, 2012 AND MAY 23, 2012 PUBLIC SESSIONS

The minutes of the May 9 and May 23 public sessions were approved as submitted.

The Public Session Minutes are located here: May 9, 2012:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_3_5-9-12_Public_Minutes.pdf

May 23, 2012:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_3_5-23-12_Public_Minutes.pdf

FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY (Including Healthcare Reform & Budget)

Jeanie Esajian reported on Agenda Item 4, Federal Budget, Legislation and Executive Branch Activity, including Healthcare Reform and Budget. She explained the three items that were included in the Board packet.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The documents on the Federal Budget, Legislation, et al., can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_4_06_20_12.pdf

EXTERNAL AFFAIRS UPDATE

Ms. Esajian reported on Agenda Item 5, the External Affairs Update, covering the last 30-day period. It was a moderate media period with coverage focusing on the Administration's proposal for the Healthy Families Program and PCIP subscriber stories.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The document on the External Affairs Update is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_5_External_Affairs_Update_062012.pdf

STATE BUDGET UPDATE

Tony Lee reported on Agenda Item 6, the State Budget Update. On April 16, the Assembly Budget Subcommittee took action to reject the Governor's January proposal to transition all Healthy Families Program children to Medi-Cal and

instead adopted placeholder trailer bill language to shift only children with incomes under 133 percent of the federal poverty level to Medi-Cal.

On May 24, the Assembly Budget Subcommittee also rejected the proposal to reduce HFP plan rates to the average Medi-Cal rate of \$83.91. The Subcommittee also rejected the proposal to transfer other MRMIB programs to the Department of Health Care Services. Under the action taken by the Subcommittee, MRMIB will continue to oversee HFP, as well as the Access for Infants and Mothers, Pre-Existing Condition Insurance Plan, the Major Risk Medical Insurance Program and the Children's Health Initiative Matching program.

Also, on June 8, the Subcommittee staff of both houses of the Legislature clarified that, consistent with the transition of the bright-line children to DHCS, funding for MRMIB was to be revised to include the Managed Care Organization tax funding for the fiscal year 2012-2013, with commensurate reduction to the General Fund. On June 15, the Legislature passed the Budget, which continued to transfer only the bright-line children and reduced state employees' salaries by 5 percent, with a commensurate reduction in work hours. However, it is not clear how this will be accomplished.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The chart on the State Budget Update is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_6_Leg_Action_MRMIB_Budget.pdf

STATE LEGISLATION

Update on State Legislation

John Maradik-Symkowick reported on Agenda Item 7.a, Update on State Legislation. He indicated that the deadline has passed for bills to pass out of their houses of origin and that Staff is closely monitoring several bills as they are heard in policy committee in the coming weeks.

Mr. Maradik-Symkowick described AB 2508, which requires departments contracting for call center services to require that those services be supplied within the state. The bill specifies programs affected, including HFP. A recent amendment exempts subcontracts and contracts with health plans regulated by the Department of Managed Health Care or the Department of Insurance. This bill will be heard in the Governmental Organization Committee next Tuesday.

Mr. Maradik-Symkowick explained that SB 961 and AB 1461 are identical bills that have been supported by the Board. These bills would require guaranteed issue and community rating. He indicated that AB 1461 would be heard in the Senate Health Committee June 27 and that SB 961 would be heard in the Assembly Health Committee July 3. Chairman Allenby asked whether there was opposition to the bills. Mr. Maradik-Symkowick said he believed the California Association of Health Plans was opposed.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

The State Legislative Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_7_a_State_Legislative_Summary.pdf

AB1526 (Monning): MRMIP – Elimination of Annual and Lifetime Benefit Limits, Acceptance of Provider Letter to Establish Pre-Existing Condition

Mr. Maradik-Symkowick reported on Agenda Item 7.b, AB 1526 (Monning): MRMIP – Elimination of Annual and Lifetime Benefit Limits, Acceptance of Provider Letter to Establish Pre-Existing Condition. The Board took a support position on an earlier version of AB 1526, which was subsequently amended to establish a Major Risk Medical Insurance Reconciliation Fund. Mr. Maradik-Symkowick explained that, in its new form, the bill requires reconciliation remittances received on or after January 1, 2013 to be re-deposited into the Reconciliation Fund. The bill also would require that monies in the Fund be available for authorized purposes appropriated by the Legislature but would not permit use of the Reconciliation Fund to pay for increased costs resulting from the elimination of the annual or lifetime benefit limits in MRMIP. Mr. Maradik-Symkowick stated that staff would continue to monitor this bill and provide technical assistance to the author and that the bill would be heard the following week in the Senate Health Committee.

Chairman Allenby asked if there were any questions or comments from the Board or the audience. There were none.

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP) UPDATE

Enrollment Report

Willie Walton reported on Agenda Item 8.a, the PCIP Enrollment Report. As of May 31, there were 10,947 individuals enrolled in the program, with 1,116 new subscribers enrolled during May. Since last February, new enrollment has averaged approximately 1,130 per month. As of the previous day, there were more than 11,339 subscribers in PCIP, yet another enrollment milestone for the program. There were no significant changes in demographics from the prior month; 58 percent of subscribers were white, 54 percent were female, and approximately 82 percent were ages 30 to 64 years. Los Angeles and San Diego counties remain the top two in enrollment with 96 percent of all subscribers speaking English. During May, the program processed more than 1,300 applications, 75 percent of them without assistance. California's PCIP remains the largest state-operated program in the nation.

Chairman Allenby asked if there were any questions or comments from the Board of audience. There were none.

The PCIP Enrollment Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_8_a_PCIP_Enrollment_Report_for_May_2012_final.pdf

Administrative Vendor Performance Report

Mr. Walton reported on Agenda Item 8.b, the PCIP Administrative Vendor Performance Report. For the month of May, the administrative vendor met all performance standards in the areas of application processing, transmission and call center measurements. For the month of April, the administrative vendor met all quality and accuracy standards with regard to eligibility determination, electronic transaction and benefit appeals.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The PCIP Administrative Vendor Performance Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_8_b_PCIP_Adm_Vendor_Board_Report_May_2012.pdf

Third Party Administrator Performance Report

Mr. Walton reported on Agenda Item 8.c, the PCIP Third Party Administrator Performance Report. The third party administrator met all performance standards for the month of May.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The PCIP Third Party Administrator Performance Report can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_8_c_TP_A_Performance_Report.pdf

New Policy Related to Effective Date of Coverage

Ernesto Sanchez reported on Agenda Item 8.d, New Policy Related to Effective Date of Coverage. MRMIB received federal approval on May 21 to allow immediate implementation of a policy conforming with the policy in states where the federal government operates PCIP. This change allows individuals with an urgent need for care to call PCIP to request an earlier start date. Standard practice is a first-of-the-month start date for persons whose applications are deemed complete prior to the 15th of the previous month; those whose application is complete following the 15th of the month are routinely provided with a coverage start date on the first of the second month following application. This latter group of enrollees may benefit from the new policy.

Chairman Allenby asked if there were any questions or comments from the Board or audience.

Richard Figueroa asked how enrollees would be informed of this new policy. Mr. Sanchez said the new subscriber welcome letter will include this information with instructions on how to request this coverage date flexibility by making the request via telephone within 14 days of the welcome letter. He said this information would be added to the PCIP website, as well as to the joint application and handbook when they are reprinted later this year. In response to a follow-up question from Mr. Figueroa, Ms. Rosenthal clarified that PCIP premiums always cover a full month in the program.

Chairman Allenby asked if there were any further questions. There were none.

Other Program Updates

Mr. Sanchez reported on Agenda Item 8.e, Other Program Updates, to report on a question Mr. Figueroa posed at a recent Board meeting regarding the number of subscribers in the Major Risk Medical Insurance Program who disenrolled and then went without health coverage for six months in order to become eligible for PCIP. Staff reviewed a two-year period from April 2010, when PCIP was first being discussed, to April 2012. Staff identified a total of 98 individuals who dropped MRMIP coverage and then subsequently enrolled in PCIP. Staff will continue to track these subscribers.

Mr. Figueroa noted that the number of subscribers was not insubstantial, but these were individuals who had medical needs and dropped their MRMIP coverage. Ms. Casillas said the data triggered internal discussions and piqued interest on what types of medical conditions these individuals suffered from. She said staff would look further into these individuals' situations, to follow them and look at how they used PCIP services. She emphasized that, while staff has asked how often MRMIP subscribers drop health coverage to qualify for PCIP, staff does not encourage people with medical needs to go without health coverage; this is a serious situation. Chairman Allenby that it is understandable why individuals took this action, given the difference in cost and benefits between the two programs (PCIP and MRMIP). Mr. Figueroa said that tracking these individuals to determine how they used PCIP would provide very instructive information for discussion of the pending AB 1526 (discussed in the Update on State Legislation).

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP) UPDATE

Enrollment Report

Mr. Sanchez reported on Agenda Item 9.a, the MRMIP Enrollment Report. A total of 120 new subscribers were enrolled in May, bringing total enrollment to fewer than 6,000. Given the 8,000 enrollment cap in the program, there is room for additional subscribers. There were no major shifts in demographics and ethnicity, and Kaiser continues to have the largest enrollment, with approximately 66 percent of the total. The 18 counties with the highest enrollment account for almost 91 percent of the total, with the majority of subscribers in the 30 to 64 age range.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The MRMIP Enrollment Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_9_a_MRMIP_Board_Report_Summary_May%202012.pdf

Administrative Vendor Performance Report

Mr. Sanchez reported on Agenda Item 9.b, the MRMIP Administrative Vendor Performance Report. The administrative vendor met all performance standards for making eligibility determinations and all customer service performance levels for the toll-free line.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The MRMIP Administrative Vendor Performance Report can be found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_9_b_MRMIP_Adm_Vendor_Perf_May_2012.pdf

Other Program Updates

There were no Other Program Updates to present to the Board.

HEALTHCARE REFORM UNDER THE AFFORDABLE CARE ACT

Healthy Families Program

Exchange Intent to Award CalHEERS Contract

Ms. Casillas reported on Agenda Item 10.a.i, Exchange Intent to Award CalHEERS Contract. The California Health Benefits Exchange announced its intent to award a contract for the California Healthcare Eligibility, Enrollment and Retention System to Accenture as the successful competitor in the procurement process.

The California Health Benefit Exchange Board's Announcement of Intent to Award CalHEERS Contract is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_10_a_i_HBEx_May_31_2012_CalHEERS_Contract_Award.pdf

Outreach & Marketing Draft Report

Sarah Soto-Taylor presented Agenda Item 10.a.ii, Outreach & Marketing Draft Report, which she described as the summary draft of the Statewide Marketing, Outreach and Education Campaign, sponsored by the California Health Benefit Exchange, Department of Health Care Services and MRMIB. This is a comprehensive plan that was shared with the public at the Exchange Board meeting on May 22. Comments from stakeholders were solicited, and generally

speaking were positive; the sponsors received more than 30 written and 15 oral comments. Exchange staff made revisions to the plan based on the comments and the final recommendations, and again presented the comprehensive report was again present to the Board at its June 19 meeting. The Exchange Board adopted all staff recommendations shown in the most recent draft. The full report is available at HealthExchange.ca.gov.

Ms. Soto-Taylor indicated that the draft report outlines the outreach campaign coverage goals (for example, enrollment of 2.8 million individuals by 2014); the multi-ethnic, multi-linguistic target audience; the extensive research, including discussions with constituencies and other exchanges; and the phases of the proposed campaign. She indicated that MRMIB had successfully used all components of the plan in the past by MRMIB for HFP, AIM and PCIP outreach. She indicated that the campaign would include an educational grant program to remove enrollment barriers to enrollment

Ms. Soto-Taylor explained that, at its June 19 meeting, the Exchange Board adopted the Level 3 or “Gold Level” budget recommendations and approved the grant program at \$20 million a year for two years. MRMIB staff will continue to partner with the Exchange and DHCS as campaign implementation moves forward.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The California Health Benefit Exchange Board’s Outreach & Marketing Draft Report can be found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_10_a_ii_Marketing_and_Outreach_Draft_Plan.pdf

Navigators & Assistors Draft Report

Ms. Soto-Taylor reported on Agenda Item 10.a.iii, the Navigators & Assistors Draft Report, which is also sponsored by the Exchange, DHCS and MRMIB. The Assistors Program includes what is referred to as Certified Enrollment Assistors, or CEAs, who would be trained, certified and registered with the Exchange in order to enroll consumers in Exchange products and programs. Only CEAs who are designated as navigators will be compensated by the Exchange. All other certified enrollment assistors will not be compensated by the Exchange for enrollment activities. The draft report includes a description of Assistors program design options.

Ms. Soto-Taylor explained that the ACA provides broad guidance on the role of the navigator in educating, enrolling and retaining individuals in healthcare coverage. She indicated that the Exchange is still defining which types of organizations will be eligible to serve as navigator enrollment entities in addition to those already identified: non-profit organizations, community clinics, county social service offices employing eligibility workers, and labor unions. Certified enrollment assistors that will not be compensated by the Exchange include health insurance agents, hospitals and providers. However, these entities may be compensated by other

sources or may have a business interest in enrolling consumers and having them covered by insurance.

Mr. Figueroa asked for clarification regarding the correct nomenclature for navigators, assistors and direct benefit assistors or DBAs. Ms. Soto-Taylor said the broad category is CEAs, which includes navigators as defined in the ACA, and assistors, which are not compensated. She said the term DBAs is no longer being used and instead the terminology will be non-compensated CEAs. She said the use of the term CAAs is still under discussion by the Exchange.

Ms. Casillas said as the Exchange moves forward, the Board will need to make decisions on how to maintain and fund its systems or replace them with the efforts of the Exchange.

Ms. Soto-Taylor highlighted the issue of compensation for enrollment in Medi-Cal and HFP, based on the Exchange's legal interpretation of Proposition 26 (2010). This issue concerns potential use of Exchange funds to pay navigators for enrollment of individuals into Medi-Cal and HFP. At issue is whether Exchange funds derived from fees on qualified health plans may be used to pay navigators for enrollment in Medi-Cal and HFP health plans that are not qualified health plans. On June 19, the Exchange Board adopted a staff recommendation to compensate navigators only for enrollment of individuals into Qualified Health Plans. Additionally, the Exchange Board adopted the recommendation that, even without payment from other sources, navigators will be required to complete eligibility and enrollment processes for Medi-Cal and HFP. The Exchange Board also adopted a compensation fee of \$58 per successful application, with no compensation for renewals at this time.

Chairman Allenby asked if there were any questions or comments from the Board.

Mr. Figueroa said he was very pleased the Exchange Board allowed clinics to receive compensation. He said MRMIB data on CAA activity shows that 40-45 percent of all assisted applications come from FQHCs. Ms. Casillas said a Marin County clinic that conducted its own research reported that 47 to 50 percent of families the clinic assisted with HFP enrollment picked a plan for which the clinic was not a contracted provider, illustrating the fact that clinics providing enrollment assistance may not benefit directly.

Additionally, Mr. Figueroa said he was pleased the Exchange Board adopted a position that CAAs should assist the Exchange, Medi-Cal and HFP; this makes it easier for MRMIB to decide about the future of the CAA system. He expressed the hope that the Exchange's vendor will use some of the information, data and training modules currently used in MRMIB's CAA system. This would make it easier to transition MRMIB's CAAs to transition to the Exchange and to use their expertise.

Mr. Figueroa said he was pleased that MRMIB has been a full participant in the process and has been able to assist the Exchange with the Navigators & Assistor Draft Report. He praised both the Navigators & Assistor and the Outreach & Marketing draft reports and the fact that they reflected a great deal of consumer input and much work by Ogilvy Public Relations, RHA and staff.

Chairman Allenby asked if there were any questions or comments from the audience. There were none.

The California Health Benefit Exchange Board's Navigators & Assistors Draft Report is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_10_a_iii_Assister_Program_Draft_Report.pdf

Individual Market: Agent Payment Options

Mrs. Soto-Taylor reported on Agenda Item 10.a.iv, the Individual Market: Agent Payment Options, which was presented to the Exchange Board May 21. The document addresses the potential role of agents in the individual market. Agents generally fall into two categories: those who are self-employed or work for an independent agency and those who are captive agents or employed by a carrier and possibly salaried. Agent sales commissions are typically higher in the first year of a new sale and continue to accrue annually if the individual remains enrolled in the plan. The commission is a percentage of the premiums paid by the policy holder.

The brief acknowledges that agents are part of assuring that millions of Californians get the coverage and care that they need and that agents play an important and vital role in promoting Exchange products in the individual market. The preliminary recommendation is for the Exchange to establish policies that allow participating health plans to pay agents a direct commission based on market terms. The topic will be discussed further at the July 19 Exchange Board meeting.

Mr. Figueroa noted that individual market agents are paid for initial enrollment and then an ongoing percentage while the decision was made to not pay CEAs for renewal fees. Ellen Wu said there also was a difference in the base pay. Mr. Figueroa said that this was correct and that the exact nature of the commission structure is not yet known. It could be assumed it may be more than \$58 for an initial application, but the disparity will be greater on the renewal side.

Chairman Allenby asked if there were any questions or comments from the Board of the audience. There were none.

The California Health Benefit Exchange Board's Individual Market: Agent Payment Options Brief can be found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_10_a_iv_Agent_Payment_Option_Report.pdf

Putting All the Ingredients Together, A Health Access Foundation Report

Beth Abbott of Health Access presented Agenda Item 10.a.v, Putting All the Ingredients Together: A Health Access Foundation Report. Her presentation was based on research conducted by Health Access in order to assess customer service in California. Millions of Californians soon will become insured for the first

time or will have new benefits, protections or rights and it is important for California to have world-class customer service in anticipation of full implementation of the Affordable Care Act. Health Access conducted a disguised observation survey of four state agencies that operate call centers: MRMIB, DHCS, the Department of Insurance and the Department of Managed Health Care. Health Access staff called these agencies, pretending to be customers, asking a set of questions and recording them.

She said the effort was not scientifically calibrated to be statistically unassailable, but that it was more than a haphazard undertaking. A total of 50 calls were made to each agency for a total of 200 calls. The research was unsponsored and done as staff time was available. The study measured how long it took for a person or device to answer the phone; and how many telephone trees, automated response units or interactive voice recordings the person had to navigate. The study also sought to determine how long it took to speak to a live person; how long it took for a consumer service representative to respond to set questions; and the total call time, including wait time and referrals. In addition to timing, Health Access assessed accuracy of each agency's answers to questions.

Health Access callers asked MRMIB, "how can I sign up for PCIP" and "how can I sign up for Healthy Families?" Ms. Abbott presented the quantitative data for the four agencies as well as the state average. MRMIB performed well in the comparison, scoring highest in accuracy, speed, and knowledge, and tying another state department for the highest score in overall customer service. MRMIB also exceeded the state average on the qualitative measures.

Ms. Abbott said that Health Access developed parameters for good customer service from information gathered from Social Security Administration call center operations, the 1-800 Medicare number, the Centers for Medicare and Medicaid Services and the quality standards that MRMIB reports to the Board monthly. Health Access preferred have a customer service representative available in a relatively short period of time. One agency made a caller wait 21 minutes before leaving a message. The wait time for a MRMIB customer service representative was a little over two minutes, which Ms. Abbott described as "very good." She noted that the quality also reflected on MRMIB's administrative vendor, Maximus. MRMIB consistently exceeded the state average on the quantitative measures of accuracy, speed, knowledge and service, and was first or second in almost every category. Ms. Abbott indicated that a customer service representative was not available more often than expected and that the frequency exceeded MRMIB's standards. Maximus management appreciated being briefed on this issue and planned to look into it.

Ms. Abbott said calls to MRMIB coincided with a California PCIP policy change allowing applicants to use a doctor's letter as proof of a pre-existing condition. Health Access staff making the calls noted how quickly MRMIB call center staff incorporated knowledge of this new policy into their responses to consumers. She said this was an excellent reflection on training, coordination and performance, all in the best interest of the consumer.

Ms. Abbot indicated that no agency performed perfectly in the study or was without room for improvement. She advised that the state should look at which agencies did especially well in each area of the study and use their best practices as a recipe for other state agencies to employ.

Ms. Abbott said from the experience of conducting the study, Health Access identified “model” agencies in various areas:

- Department of Insurance and MRMIB: For consumer access, including answering calls quickly and with short hold times.
- Department of Managed Health Care and MRMIB: For training of ongoing staff and new information regarding policy changes.
- Department of Insurance: For performance management to assess call center performance that reflects high standards and is publicly available.
- Department of Managed Health Care: For world-class customer service, including serving as the advocates for consumers and providing warm handoffs for help from other agencies and organizations.

Ms. Abbott recounted that Ms. Casillas had asked whether Health Access was going to draw conclusions through the study regarding contracted-out services versus services performed by state employees. She said the study did not draw conclusions about this issue.

Ms. Abbot explained that the study had limitations and did not include call-backs or test after-hours service. She further said some agencies do a poor job of language access, but that the study did not test those issues. Ms. Wu asked whether the study had implications for the Consumer Assistance Center of the Office of the Patient Advocate.

Ms. Abbott said Health Access believes there are implications and has been meeting with Secretary Dooley and the Western Center on Law and Poverty. The meetings with Secretary Dooley and her staff are about what the study findings mean for the Office of the Patient Advocate. Health Access has made comments at the Exchange Board, because it will be establishing a call center.

Ms. Abbot said that, to her knowledge, this was the first external assessment of four health agencies. She said that, while the study was smaller in scope than was desirable, and was conducted with limited resources, it does provide conclusions about what consumers want, what they should expect and what kind of service is being delivered currently. Health Access is incorporating the findings into other forums regarding customer service in California.

Mr. Figueroa thanked Ms. Abbott and Health Access for conducting the study and said it was a good complement to other work currently under way on how county processes and systems work. He said MRMIB is open to making the consumer experience better.

Chairman Allenby said he appreciated the independent view and complimented Access Health on the study.

Ms. Abbott noted that Health Access is a public policy advocacy organization and not a group interested in a role with the Exchange, such as being a navigator or seeking reimbursement for this type of work.

Chairman Allenby asked if there were any comments from the audience. There were none.

Health Access Foundation's Report and accompanying slide presentation, presented by Ms. Abbott, is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_10_a_v_Health_Access_Foundation_Report.pdf

Other Healthcare Reform Issues

Terri Shaw, Project Director with the California HealthCare Foundation, presented Agenda Item 10.a.vi, Other Healthcare Reform Issues. She presented a broad overview and project scope on User Experience 2014, which was undertaken 14 months ago.

The goal of UX2014 was to design a first-class consumer experience for enrollment in coverage through the ACA; one that would allow consumers to shop for different types of coverage and help them determine coverage eligibility. Mr. Figueroa clarified that UX2014 is the consumer interface to CalHEERS. Ms. Shaw said that this was correct and indicated that this is what consumers will see when accessing the CalHEERS portal. It is designed to be customizable and help states build their own exchange sites. CMS is planning to leverage UX2014 for the work that they are doing on the model application, the model portal and CMS's own federally-facilitated exchange. CMS has been a close partner with CHCF in this effort. CHCF's other partners included the Center for Consumer Information and Insurance Oversight; 11 states, including California; representatives of consumer organizations and counties; and the design firm IDO.

Ms. Shaw clarified that UX2014 focused in particular on the individual and family experience, not the SHOP or Small Business Program, and provides tools for use by assistors, defined broadly as anyone helping the consumer through the experience.

The project was pursued in four stages. The research phase involved talking to customers in three states, California, Louisiana and Ohio, through in-depth, in-home interviews designed to help understand their needs and experiences in context. This was followed by an initial design phase where numerous concepts were developed in close concert with state and federal partners. The project included user evaluation throughout the process for the purpose of refinements. Project staff consulted numerous experts and evaluated other types of online experience sites. Finally, project staff conducted recent user evaluations in January, identifying challenges with the income calculation component and plan shopping experience.

The group held a design refinement workshop in late January with 18 states participating. This feedback resulted in the refinements reflected in the final deliverables, which are now publicly available at www.ux2014.org.

Ms. Shaw conducted a demonstration of the UX2014 system using three consumer scenarios. She noted that assistance was readily available through an online customer service chat function and the ability to find local assistors who spoke various languages. The language component is fully customizable and can convert the entire site with a mouse click. Other tools allow for the use of videos or FAQs (frequently asked questions). Additionally, the system includes tools that provide a glossary of terms; the option to save progress and return to it later; and the ability to determine eligibility for subsidies, financial assistance and public programs, and calculate the percentage of federal poverty level based on income.

Ms. Shaw said the group will hold a final webinar for four of the participating states, but more public webinars are being considered nationally. Beyond public webinars, next steps will be up to the states and CMS as they determine how to use the products. Mr. Figueroa congratulated Ms. Shaw on UX2014 and noted that his organization, the California Endowment, provided funding for the project. He said he hopes UX2014 will be given a close look because of its ability to be modified and tailored to meet California's specific needs.

Chairman Allenby asked if there were any questions or comments from the audience.

Ms. Abbott urged Ms. Shaw to make the National Association of Insurance Commissioners more aware of this product and its capabilities, and suggested some state-based venues for outreach. Ms. Shaw thanked Ms. Abbott for the feedback and said the process is at the point of promotion to larger audiences.

Hellan Roth Dowden, representing Teachers for Healthy Kids, asked how UX2014 interfaced with the Medi-Cal and Healthy Families applications. Ms. Shaw said the intent of UX2014 is that everyone, regardless of what program they are eligible for, is able to go through the process all the way through the point of enrollment in the same manner as someone applying for coverage through the Exchange.

Mr. Figueroa said the new universal state application in development by DHCS would then be incorporated into the UX2014 system upon its completion. Ms. Shaw concurred and said that, at the conclusion of the application process; the consumer will see a screen that would indicate what program the consumer is were eligible for.

Chairman Allenby asked if there were any further questions or comments. There were none. He complimented Ms. Shaw on the presentation and the work done to complete UX2014. Ms. Casillas also acknowledged the work that had been put into the development of UX2014 and said it reminded her of the efforts undertaken by MRMIB to design the Health-e-App with support of the California HealthCare Foundation. She said UX2014 goes further in encompassing more components and making it easier for the consumer to access all needed information. She said use of UX2014 would benefit all Exchange and public program users in the future.

Final system documentation must be submitted in July for federal testing prior to pre-enrollment in October 2013.

The presentation by Ms. Terri Shaw of UX2014 is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_10_f_%20Enroll_UX2014_Slides.pdf

HEALTHY FAMILIES PROGRAM (HFP) UPDATE

Enrollment and Single Point of Entry Report

Ms. Casillas introduced Larry Lucero in his new role as manager of the Special Projects Division. Mr. Lucero reported on Agenda Item 11.a, the HFP Enrollment and Single Point of Entry Report.

At the end of May 2012, there were 874,890 children enrolled in HFP, with approximately 25,000 new subscribers for the month. There were no significant changes in ethnicity, gender, top counties of enrollment or languages spoken by the applicants.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The HFP Enrollment and Single Point of Entry Report can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_11_a_HFP_May_2012_Summary.pdf

Administrative Vendor Performance Report

Mr. Lucero reported on Agenda Item 11.b, the HFP Administrative Vendor Performance Report. The HFP administrative vendor has met or exceeded all Healthy Families and Single Point of Entry performance, quality and accuracy standards for call center and application processing.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The HFP Administrative Vendor Performance Report can be found at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_11_b_HFP_Adm_Vendor_QA_2012_05.pdf

2012-13 Plan Coverage Grid

Terresa Krum reported on Agenda Item 11.c, the HFP 2012-13 Plan Coverage Grid. The grid shows which HFP plan partners will be in various counties for the 2012-13 plan year. The grid key indicates which plans will provide full or partial coverage and which plans are open or closed. Mr. Lee noted that the grid reflects the program budget, which, if changed, could also change the grid as well.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The HFP 2012-13 Plan Coverage Grid is found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/agenda_item_11.c.pdf

Update on Community Provider Plans for 2012-13

Ellen Badley reported on Agenda Item 11.d, Update on Community Provider Plans for 2012-13. Each year MRMIB designates a community provider plan for HFP in each county. The plans selected are those deemed to do the best job of incorporating traditional and safety net providers. HFP subscribers who chose one of the CPPs receive a \$3 per month premium discount. This year, MRMIB audited four plans in six counties for CPP designation. As a result of the audit and some geographic coverage changes, the CPP will change in four counties. Anthem/Blue Cross EPO will assume the CPP designation for El Dorado, Napa, and Sonoma counties. Blue Shield of California EPO will assume the CPP for Imperial County. Additionally, and not reflected in this Agenda Item, L.A. Care will assume the CPP designation for Los Angeles County because of the exit of Community Health Plan as an HFP health plan.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The HFP 2012-13 Community Provider Plan Designation is located here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_11.d_Update_on_Community_Provider_Plans_for_2012-13.pdf

CHIP Reauthorization Implementation

There were no CHIP Reauthorization Implementation updates.

Other Program Updates

There were no Other Program Updates.

ACCESS FOR INFANTS AND MOTHERS (AIM) UPDATE

Enrollment Report

Mr. Lucero reported on Agenda Item 12.a, the AIM Enrollment Report. A total of 954 women were enrolled for May 2012, bringing program enrollment to 7,226. This represents an increase of 91 women over last month's enrollment. There are no other significant changes in ethnicity, enrollment by county or health plans.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The AIM Enrollment Report is located at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_12_a_AIM_May_2012_summary.pdf

Administrative Vendor Performance Report

Mr. Lucero reported on Agenda Item 12.b, the AIM Administrative Vendor Performance Report. The administrative vendor met or exceeded all seven of the performance, quality and accuracy standards for call center and application processing.

Chairman Allenby asked if there were any questions or comments from the Board or audience. There were none.

The AIM Administrative Vendor Performance can be found here:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_062012/Agenda_Item_12_b_AIM_Adm_Vendor_Perf_May_2012_Summary.pdf

Chairman Allenby asked Ms. Casillas if there was any further business to bring before the Board. She said there was not. The meeting was adjourned at 12:50 p.m.